MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1862

08315

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Physicians' Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Pomfret
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Marie Cooksey

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M.

6.(b) Name of husband or wife: Geo. Cooksey
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Dec. 8, 1890

8. AGE: Years: 57 | Months: | Days: | If less than one day: ..... hrs. ..... min.

8. Birthplace: Dentsville, Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Wm. F. Murphy
13. Birthplace: Chas Co Md
MOTHER 14. Maiden name: Lucy J. Bridgett
15. Birthplace: Chas Co Md
16. Interment: George Cooksey
Address: Pomfret, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-30-48 (month) (day) (year)
Cemetery or crematory: St. Mary's
Location: Byantown Md
18. Funeral director: Hunt & Ryon
Address: Waldorf, Md
19. 8-30 1948 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-27 1948 at 1:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-11 1940, to 1948
and that I last saw h cd alive on 8-26- 1948

Immediate cause of death	DURATION
Bronchopneumonia	8-27-48
Due to Fracture Hip	6-10-48
Due to	
Other conditions Diabetes Mellitus	8-1-48
Gen. Arteriosclerosis	7-11-40

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 6/2/48
Where did injury occur? Pomfret (City or town) Md. (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury Fall Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: La Plata (Md) Date signed 8-30-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1860

08316

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles

City or town La Plata. Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME EFFIE BRACE FREER

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white.	Widowed.

6.(b) Name of husband or wife Romeo H. FREER

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 25 June 1855

8. AGE: Years 93 | Months 1 | Days 14 | If less than one day ... hrs. ... min.

9. Birthplace OXFORD Wisc.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business —

FATHER

12. Name Henry BRACE

13. Birthplace Oswego, New York

MOTHER

14. Maiden name Mary Miller

15. Birthplace Covington, Ky. ~~Born~~.

16. Informant Margaret FREER.

Address La Plata, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-10-48 (month) (day) (year)

Cemetery or crematory Mt Rest

Location La Plata Md

18. Funeral director Hewitt & Pyon

Address Undertaking Est'd

18. 8-10 1948 (Data rec'd by registrar) Julia H. Peary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 August 1948 at 3:30 E.S.T. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 August 1948 to 8 August 1948 and that I last saw h.er alive on 8 August 1948

Immediate cause of death	DURATION
hypostatic — Pneumonia.	3 days
Due to Fractured femur, sub trophinhanic - trochanteric	6 days
Due to	
Other conditions Senile arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op.

Autopsy results none.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accidental Date of 8/2/48

Where did injury occur? La Plata (City or town) (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fell down stairs Injured at work?

23. SIGNATURE A D Woody. M.D. M. D. or other

Address La Plata. Md. Date signed 8 Aug 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

VS A15 9-45-15M

08317

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

53

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles.
City or town: Marshall Hall.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 36 yrs.
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles.
City or town: Marshall Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Virgie Mae Grigsby

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Bert T. Grigsby
6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): August 7, 1890

8. AGE: Years: 58 Months: — Days: 4 If less than one day: ... hrs. ... min.

9. Birthplace: King George Co. Virginia
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business:

FATHER
12. Name: Remus Henderson
13. Birthplace: King George Co. Va

MOTHER
14. Maiden name: Emma A. Henderson
15. Birthplace: King George Co. Va.

16. Informant: Gracie Mae Franklin
Address: Marshall Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 11 48 (month) (day) (year)
Cemetery or crematory: Shiloh Methodist
Location: Bryans Road Md.

18. Funeral director: Hemler & Bryan
Address: Walden Md

19. Aug 8 1948 (Date rec'd by registrar) Edgar Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 8 1948, at 9.55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1944, to Aug 1948
and that I last saw her alive on July 1948

Immediate cause of death	DURATION
Generalized Melanotic Carcinoma	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

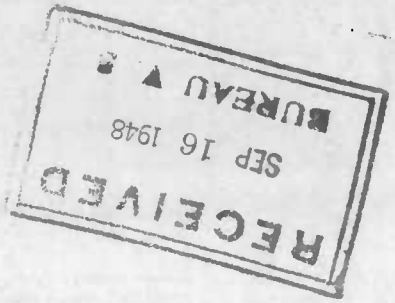
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury: ... Injured at work?

23. SIGNATURE: George O. Bicknell M.D. M. D. or other
Address: Bryans Road Md Date signed: Aug 8 48

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


RECEIVED
SEP 16 1948
BUREAU

08318

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

45b

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Faulkner

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Faulkner

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: William Henry Hickey, Sr

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Margaret D. Hickey

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 8, 1892

8. AGE: Years	Months	Days	If less than one day
56	6	11	..... hrs. ..... min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Clerical work

11. Industry or business

FATHER 12. Name: William C. Hickey

13. Birthplace: Delaware

MOTHER 14. Maiden name: Virginia Pettit

15. Birthplace: Delaware

16. Informant: William H. Hickey Jr

Address: 45-01 - 1st St. S.E. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-21-48 (month) (day) (year)

Cemetery or crematory: Christ Church

Location: Wayside

18. Funeral director: Heath & Ryon

Address: Waldorf, Md.

19. 8-20 19 48 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 19, 1948, at 7 25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 20 1947, to Aug. 19, 1948 and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Recurrent dep cervical hemorrhage	18 Mo.
Due to: Squamous cell carcinoma of tongue	19-24 mos.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. .....

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. E. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md. Date signed 8-20-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164a

CERTIFICATE OF DEATH

08319

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Cobb Island

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME JAMES Joseph MALONEY

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white.	Married

6.(b) Name of husband or wife: Lillian May Maloney

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 5, 1902

8. AGE: Years: 46 | Months: 2 | Days: 12 | If less than one day: hrs. min.

9. Birthplace: New York N.Y. (Town, county, and state)

10. Usual occupation: Mechanic

11. Industry or business:

FATHER 12. Name: Martin Maloney

13. Birthplace: New York N.Y.

MOTHER 14. Maiden name: Laura ?

15. Birthplace: Unknown

16. Informant: Lillian M. Maloney

Address: Cobb Island, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 7-0-1948 (month) (day) (year)

Cemetery or crematory: Arlington National

Location: Arlington Va.

18. Funeral director: Hunter & Ryon

Address: Waldorf, Md.

19. 8-19 1948 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION EST

20. DATE OF DEATH: 17th August 1948 at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on 19 to August 17 1948 and that I last saw h.i.m. she on August 17 1948

Immediate cause of death: hanging by The Neck. — DURATION: 15 min.

Due to: Coroners Case

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: by hanging Date of 17 August 1948

Where did injury occur? La Plata, Chas. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) County Jail

Means of injury: hanging by neck Injured at work? no.

23. SIGNATURE: J O Woodd, MD M. D. or other

Address: La Plata. Md. Date signed: 19 Aug 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Evidence for change of age shown on: FILM No. G 117 SEP 15 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

183 08320

Reg. Diat. No. 194

1. PLACE OF DEATH:
County: Charles
City or town: Ruth Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 hours
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Pr. Geo's Co.
City or town: Wyattsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 4005 - Buchanan St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Maurice Perrie McGrath

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Matilda McGrath
6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Nov. 6 - 1884

8. AGE: Years	Months	Days	If less than one day
64 63	9	11	hrs. min.

9. Birthplace: Fort Lee, New Jersey (town, county, and state)
10. Usual occupation: Maryland Veterinary
11. Industry or business:
FATHER 12. Name: Maurice McGrath
13. Birthplace: Ireland
MOTHER 14. Maiden name: Mary [illegible]
15. Birthplace: Ireland
16. Informant: Mrs. Maurice P. McGrath
Address: 4005 Buchanan Street
17. Arlington (Burial, cremation, or removal. Which?) Date thereof: Sept 2nd 1948 (month) (day) (year)
Cemetery or crematory: Arlington
Location: Arlington Va.
18. Funeral director: Arthur E. Simmons
Address: 2007 Nicholson St. S.E.
19. 9-2-48 (Date rec'd by registrar) 1948 T. K. Hayden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 25 1948 at 5-11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25 1948 to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Drowning (Heart Failure)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accidental Date of Aug 24-48
Where did injury occur? Piney Point (City or town) St. Mary's (County) Md. (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: T. K. Hayden M. D. or other
Address: Waynesville Md. Date signed: 9-12-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48b

08321

CERTIFICATE OF DEATH

Reg. Diat. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Pisgah
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Charles
City or town: Pisgah
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Edna Virginia Penny

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: Stanley G Penny
6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): March 28, 1880

8. AGE:

Years	Months	Days	If less than one day
68	4	10	hrs. min.

9. Birthplace: Pomfret Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home.

FATHER
12. Name: Edwin Swann
13. Birthplace: Pomfret. Md

MOTHER
14. Maiden name: Catherine Carter
15. Birthplace: Pomfret. Md.

16. Informant: Stanley G. Penny
Address: Pisgah Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 12. 1948 (month) (day) (year)
Cemetery or crematory: St Charles Catholic
Location: Glymont. Md

18. Funeral director: Penn & Cofer
Address: Mossy Springs, Md.

19. Aug 11 1948 (Date rec'd by registrar) Mary Swann Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 9 1948 at 2.15 P M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from March 12 1948 to Aug. 9 1948
and that I last saw h... alive on Aug. 9 1948

Immediate cause of death: Carcinoma Uteri — DURATION: 2 years.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: India Head, Md Date signed 8-10-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Birth & Death. 161C 08322

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 100

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Charles

City or town La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Physicians' Memorial Hospital

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Charles

City or town La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If RURAL give LOCATION)

3. Name of child Male Petry

4. Date of birth August 2 1948 Hour 10:05 P.M. EST

5. Sex Male | 6. Twin or triplet

7. No. of weeks pregnancy Full term

FATHER OF CHILD

8. Full name Clinton Browning Petry

9. Color white 10. Age at time of this birth 27 yrs.

11. Usual occupation Farm Manager

MOTHER OF CHILD

12. Full maiden name Dorothy May Chapman

13. Color white 14. Age at time of this birth 25 yrs.

15. Usual occupation Waterloo, Iowa

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1

(b) How many other children were born alive but are now dead? 1 (c) How many other children were *born* dead? 1

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of no

19. Labor: (a) Complications of none

(b) Induced? no

20. (a) Was there an operation for delivery? no (Yes or No)

(b) State all operations, if any —

(c) Did child die before operation? no

During operation? no

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Erythroblastosis

(b) Maternal causes Rh antibodies.

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature A. O. Woodly, MD
(Specify if M. D., midwife, or other)

Address La Plata, Md.

23. (a) Burial (b) Date thereof 8-3-48
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Rest - La Plata

24. (a) Funeral director Hurst & Ryon

(b) Address Waldorf, Md

25. (a) 8-3-48 (b) Julia H. Posey
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

V. S. A10

* See Instruction C on stub.

Baby boy. Patty lived approx. 5 minutes. Bro.

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08323

CERTIFICATE OF DEATH

160C

Reg. Dist. No. 100

1. PLACE OF DEATH: County Charles
City or town Doncaster, Md. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md County Charles
City or town Doncaster, Md (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Mattie Maria Rogers

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 7, 1948
8. AGE: Years Months Days 3 If less than one day hrs. min.
9. Birthplace Doncaster, Md Char (Town, county, and state)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Carl E Rogers
13. Birthplace Dallas Texas.
MOTHER 14. Maiden name Mattie Maria Crouse
15. Birthplace Doncaster. Md
16. Informant Mrs. M. M. Rogers
Address Doncaster. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 11 1948 (month) (day) (year)
Cemetery or crematory Family Burying Ground
Location Doncaster, Md
18. Funeral director Home-Lorena D. Crouse
Address Doncaster, Md.
19. 8-11 1948 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1948, at 5A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19
and that I last saw h alive on 19

	DURATION
Immediate cause of death Prematurity.	3 mos.
Due to Placenta Previa	2 days.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address Indian Head, Md. Date signed 8/10/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

166

08324

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Marlboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20-25 yrs.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Marlboro
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Thomas Emory Taylor

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1893

8. AGE: Years	Months	Days	If less than one day
55			hrs. min.

9. Birthplace: Pomfret, Charles, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Building Contractor

FATHER
12. Name: John R. Taylor
13. Birthplace: POMFRET, MD.

MOTHER
14. Maiden name: Elizabeth Butler
15. Birthplace: PORT TOBACCO, MD.

16. Informant: William J. Taylor
Address: Pisgah, Md.

17. burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug. 18 1948
(month) (day) (year)

Cemetery or crematory: Pomfret - catholic

Location: Pomfret, Md.

18. Funeral director: Plummer & Cofer

Address: Mason Spgs. Md.

19. Aug. 17 1948
(Date rec'd by registrar)

Mary Sutherland
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14, 1948 at 12-2 A.M. 60 30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7
August 14, 1948 to —
and that I last saw him alive on August 14, 1948

Immediate cause of death	DURATION
Intra-abdominal hemorrhage	Unknown
Due to: Gunshot wound	"
Due to: Homicide	
Other conditions: Gunshot perforation of stomach & duodenum	"

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Homicide Date of: 8-14-48

Where did injury occur? Unknown, Charles, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Unknown to date

Means of injury: Revolver or pistol Injured at work? No

23. SIGNATURE: James L. MacKenzie, M.D.
Deputy Medical Examiner
M.D. or other

Address: La Plata, Md. Date signed: 8-14-48

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08826

93d

CERTIFICATE OF DEATH

Reg. Diat. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Indian Head

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Benjamin Thomas

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband or wife: Mary Warren Thomas.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 11, 1847

8. AGE:

Years	Months	Days	If less than one day
100	10	2	..... hrs. ..... min.

9. Birthplace: Charles County, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Agriculture.

FATHER

12. Name: Simpson Thomas

13. Birthplace: Not Known.

MOTHER

14. Maiden name: Julia Thomas (Surname).

15. Birthplace: Not Known

16. Informant: Daisy Taylor

Address: Indian Head. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 17, 1948 (month) (day) (year)

Cemetery or crematory: Mt. Hope Baptist Church.

Location: Ironsides, Md.

18. Funeral director: Hewitt & Ryon

Address: Waldorf. Md.

19. Aug 14 1948 M C Mudd (Registrar)

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13 1948, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 12 1948 to Aug 13 1948 and that I last saw h... alive on Aug. 12 1948

Immediate cause of death: Chronic Myocarditis — DURATION: 1 yr.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Smith Simpson M. D. or other

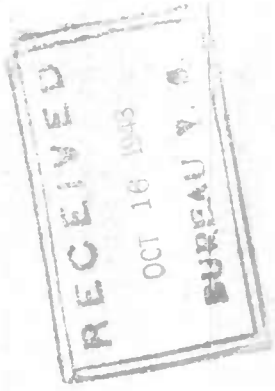
Address: Indian Head Md. Date signed 8-14-48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

The Press



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

0832

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 days

Hospital, institution, or street address where death occurred: Physicians Memorial Hospital

How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Waldorf

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Baby Girl Wathen

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: ——— years

7. Birth date of deceased (mo., day, yr.): July 29, 1948

8. AGE: Years	Months	Days	If less than one day
		7	...hrs. ...min.

9. Birthplace: La Plata, Charles, Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER — 12. Name: John Ignatius Wathen

13. Birthplace: Leonardtown, Md.

MOTHER — 14. Maiden name: Margaret Spencer King

15. Birthplace: Manassas, Va.

16. Informant: Mrs. Margaret Wathen

Address: Waldorf, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 8-5-48 (month) (day) (year)

Cemetery or crematory: St Peters

Location: Waldorf MD

18. Funeral director: Hurtt & Raley

Address: Waldorf Md

19. 8-5 19 48 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5, 1948 at 12:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29, 1948 to Aug. 5, 1948 and that I last saw h.. alive on Aug. 4, 1948

Immediate cause of death	DURATION
Hemorrhagic disease of newborn	3 days
AND Prematurity (7½ mo.)	7 days
Due to Automobile accident	14 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKaye, M.D. M. D. or other

Address: La Plata, Md. Date signed 8-5-48